



**CITY OF HAYWARD**  
**DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT**  
**BUILDING INSPECTION SERVICES**

**FAX TRANSMITTAL FORM**  
**FAX NUMBER (510) 583-3642**

DATE: \_\_\_\_\_  
TO: Building Inspection Division  
TO: \_\_\_\_\_  
ORGANIZATION: City of Hayward  
ORGANIZATION: \_\_\_\_\_  
FAX NUMBER: 510-583-3642  
FAX NUMBER: \_\_\_\_\_

FROM: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_

Number of pages including this cover: \_\_\_\_\_

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